

General

Title

Wellness and health promotion: percentage of individuals 18 years of age and older who reported any of the following core risks: obesity, smoking or tobacco use, or physical inactivity.

Source(s)

National Committee for Quality Assurance (NCQA). Technical specifications for wellness & health promotion. Washington (DC): National Committee for Quality Assurance (NCQA); 2013. 48 p.

Measure Domain

Primary Measure Domain

Related Population Health Measures: Population Health State

Secondary Measure Domain

Does not apply to this measure

Brief Abstract

Description

This measure is used to assess the percentage of individuals 18 years of age and older who reported any of the following core risks:

- Obesity
- Smoking or tobacco use
- Physical inactivity

A lower rate indicates fewer individuals with core risks.

Rationale

One of the goals of worksite health promotion interventions is to reduce the health risks of employees, in order to improve the health of employees, increase productivity, and reduce health care costs (Employee Benefits Research Institute [EBRI], 2001). Monitoring the prevalence of health risks in the population is

important to understanding the health of the population, and monitoring the prevalence of health risks in the population over time reveals trends that indicate how the health of the population is changing. Studies of worksite health promotion programs often report the prevalence of health risk factors; however, there is little standardization in how the risk factors are defined.

This measure offers standardized definitions of three "core" risks often addressed by health promotion programs: overweight and obesity, cigarette smoking and tobacco use, and physical inactivity. These three risks were chosen because they: 1) represent significant public health problems; 2) can be assessed using valid and reliable self-report questions; and 3) are important to employers and plan sponsors of health promotion programs.

Reducing overweight and obesity, cigarette smoking and tobacco use, and physical inactivity have all been identified as health priorities by Healthy People 2020 (Office of Disease Prevention and Health Promotion [ODPHP], 2016). The validity and reliability of certain self-reported items for these risks have also been supported by the literature (Gorber et al., 2007; Patrick et al., 1994; Norman et al., 2001). These three risks are also important to employers, according to research published by the EBRI (2001).

Evidence for Rationale

Employee Benefits Research Institute. Employment-based health promotion and wellness programs. EBRI Issue Brief. 2001;22(7):1-5.

Gorber S, Tremblay M, Moher D, Gorber B. A comparison of direct vs. self-report measures for assessing height, weight and body mass index: a systematic review. *Obes Rev.* 2007 Jul;8(4):307-26. [PubMed](#)

Norman A, Bellocco R, Bergstr m A, Wolk A. Validity and reproducibility of self-reported total physical activity--differences by relative weight. *Int J Obes (Lond).* 2001 May;25(5):682-8. [PubMed](#)

Office of Disease Prevention and Health Promotion (ODPHP). *HealthyPeople.gov*. [internet]. Washington (DC): U.S. Department of Health and Human Services; [accessed 2016 Feb 05].

Patrick DL, Cheadle A, Thompson DC, Diehr P, Koepsell T, Kinne S. The validity of self-reported smoking: a review and meta-analysis. *Am J Public Health.* 1994 Jul;84(7):1086-93. [PubMed](#)

Primary Health Components

Health appraisal; core risks; obesity; smoking; tobacco use; physical inactivity

Denominator Description

Individuals 18 years of age and older during the program period who completed the health appraisal (HA) any time during the program period (see the related "Denominator Inclusions/Exclusions" field)

Numerator Description

Individuals who reported any of the following core risks (obesity, smoking or tobacco use, physical inactivity) on the health appraisal (HA) completed during the program period (see the related "Numerator Inclusions/Exclusions" field)

Evidence Supporting the Measure

Type of Evidence Supporting the Criterion of Quality for the Measure

A formal consensus procedure, involving experts in relevant clinical, methodological, public health and organizational sciences

A systematic review of the clinical research literature (e.g., Cochrane Review)

One or more research studies published in a National Library of Medicine (NLM) indexed, peer-reviewed journal

Additional Information Supporting Need for the Measure

Unspecified

Extent of Measure Testing

All of the National Committee for Quality Assurance's Wellness and Health Promotion measures undergo systematic assessment of face validity with review by measurement advisory panels, expert panels, a formal public comment process and approval by the NCQA's Committee on Performance Measurement and Board of Directors.

Evidence for Extent of Measure Testing

Williams-Bader J. (Director, Performance Measurement, National Committee for Quality Assurance, Washington, DC). Personal communication. 2016 Jul 6. 1 p.

State of Use of the Measure

State of Use

Current routine use

Current Use

not defined yet

Application of the Measure in its Current Use

Measurement Setting

Other

Professionals Involved in Delivery of Health Services

not defined yet

Least Aggregated Level of Services Delivery Addressed

Single Health Care Delivery or Public Health Organizations

Statement of Acceptable Minimum Sample Size

Specified

Target Population Age

Age greater than or equal to 18 years

Target Population Gender

Either male or female

National Framework for Public Health Quality

Public Health Aims for Quality

Health Promoting

National Strategy for Quality Improvement in Health Care

National Quality Strategy Priority

Institute of Medicine (IOM) National Health Care Quality Report Categories

IOM Care Need

Not within an IOM Care Need

IOM Domain

Not within an IOM Domain

Data Collection for the Measure

Case Finding Period

Program Period: The period when the Wellness and Health Promotion (WHP) program is administered for an employer or plan sponsor, usually a 12-month span from the beginning of the contract period to the end of the contract period. The program must end in the calendar year prior to the reporting year.

Denominator Sampling Frame

Organizationally defined (non-health care organizations)

Denominator (Index) Event or Characteristic

Diagnostic Evaluation

Patient/Individual (Consumer) Characteristic

Denominator Time Window

not defined yet

Denominator Inclusions/Exclusions

Inclusions

Individuals 18 years of age and older during the program period who completed the health appraisal (HA) any time during the program period

Note: *Continuous Eligibility*: The program period.

Exclusions

Unspecified

Exclusions/Exceptions

not defined yet

Numerator Inclusions/Exclusions

Inclusions

Individuals who reported any of the following core risks (obesity, smoking or tobacco use, physical inactivity) on the health appraisal (HA) completed during the program period

Exclusions

Unspecified

Numerator Search Strategy

Fixed time period or point in time

Data Source

Patient/Individual survey

Other

Type of Health State

Individually Reported Health State

Instruments Used and/or Associated with the Measure

Unspecified

Computation of the Measure

Measure Specifies Disaggregation

Measure is disaggregated into categories based on different definitions of the denominator and/or numerator

Basis for Disaggregation

This measure specifies disaggregation based on core risk categories:

- Obesity
- Smoking or tobacco use
- Physical inactivity

Scoring

Rate/Proportion

Interpretation of Score

Does not apply to this measure (i.e., there is no pre-defined preference for the measure score)

Allowance for Patient or Population Factors

not defined yet

Standard of Comparison

not defined yet

Identifying Information

Original Title

Prevalence of core risks identified on HAs (PRI).

Measure Collection Name

Wellness and Health Promotion Performance Measures

Measure Set Name

Submitter

National Committee for Quality Assurance - Health Care Accreditation Organization

Developer

National Committee for Quality Assurance - Health Care Accreditation Organization

Funding Source(s)

Unspecified

Composition of the Group that Developed the Measure

National Committee for Quality Assurance's (NCQA's) Measurement Advisory Panels (MAPs) are composed of clinical and research experts with an understanding of quality performance measurement in the particular clinical content areas.

Financial Disclosures/Other Potential Conflicts of Interest

In order to fulfill National Committee for Quality Assurance's (NCQA's) mission and vision of improving health care quality through measurement, transparency and accountability, all participants in NCQA's expert panels are required to disclose potential conflicts of interest prior to their participation. The goal of this Conflict Policy is to ensure that decisions which impact development of NCQA's products and services are made as objectively as possible, without improper bias or influence.

Adaptation

This measure was not adapted from another source.

Date of Most Current Version in NQMC

2014 Jan

Measure Maintenance

Unspecified

Date of Next Anticipated Revision

Unspecified

Measure Status

This is the current release of the measure.

Measure Availability

Source available for purchase from the [National Committee for Quality Assurance \(NCQA\) Web site](#) .

For more information, contact NCQA at 1100 13th Street, NW, Suite 1000, Washington, DC 20005; Phone: 202-955-3500; Fax: 202-955-3599; Web site: www.ncqa.org .

NQMC Status

This NQMC summary was completed by ECRI Institute on June 3, 2016. The information was verified by the measure developer on July 8, 2016.

Copyright Statement

This NQMC summary is based on the original measure, which is subject to the measure developer's copyright restrictions.

For detailed specifications regarding the measures, refer to the *Technical Specifications for Wellness & Health Promotion*, available for purchase from the [National Committee for Quality Assurance \(NCQA\) Web site](#) .

Production

Source(s)

National Committee for Quality Assurance (NCQA). Technical specifications for wellness & health promotion. Washington (DC): National Committee for Quality Assurance (NCQA); 2013. 48 p.

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